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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *UPD W/AMIT*  
 This appln claims benefit of 60/413,686 09/26/2002  
 and claims benefit of 60/467,031 04/30/2003

*NONE W/AMIT*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/17/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>W/AMIT</i> Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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## TITLE

Multi-tap compression connector

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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